

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
CEMETERY REGULATION
P.O. Box 30018, Lansing, MI 48909
517-241-8070
www.michigan.gov/cemetery

FOR OFFICE USE ONLY	
Date Approved:	Approved by:
I.D. Number	

APPLICATION FOR PERMIT TO ESTABLISH A NEW CEMETERY

AUTHORITY: P.A. 251 of 1968, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

In addition to this application and fee, please submit the following documents:

- Purchase Agreement
- Cemetery Layout
- Irrevocable Endowed Care Trust Fund
- Merchandise Trust Fund
- Prepaid Escrow Agreement
- Construction or Development Trust Fund (if applicable)

FEE: \$500.00
FEE IS NON-REFUNDABLE

CEMETERY INFORMATION		
Name of Proposed Cemetery		
Proposed Physical Location (Number, Street, City, State and Zip Code)		
Township	Section Number	County
Mailing Address (Number, Street, City, State and Zip Code)		Business Telephone Number ()
OWNERSHIP INFORMATION		
Check Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) (If a Corporation, attach a copy of your filed Articles of Incorporation and DBA documents) (If a Limited Liability Company, (LLC), attached a copy of the Articles of Organization and a copy of your Operating Agreement.)		Federal Identification Number
Date of Incorporation	→	Incorporated Under Act No.
If incorporated in another state, please indicate which state:	→	You must obtain a Certificate of Authority to do Business in Michigan
Name of Contact Person		
Mailing Address (Number, Street, City, State, and Zip Code)		
Daytime Telephone ()	Fax Number ()	E-mail Address
FEE PAYMENT INFORMATION		FOR OFFICE USE ONLY - VALIDATION
New Cemetery \$500.00 (22-01-01)		
Make your check or money order from a U.S. Financial Institution payable to: STATE OF MICHIGAN - CEMETERY		

CORPORATE OFFICER Information. Attach additional sheets, if necessary.

Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number

BOARD OF DIRECTORS Information. Attach additional sheets, if necessary.

Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number

SHAREHOLDER Information for each shareholder whose shares equals or exceeds 10%. Attach additional sheets, if necessary.				
Name (Last, First, Middle)			Daytime Telephone ()	
Complete Mailing Address (Number, Street, City, State and Zip Code)				
Position Held	% of Stock Held	Date of Birth	Social Security Number	
Name (Last, First, Middle)			Daytime Telephone ()	
Complete Mailing Address (Number, Street, City, State and Zip Code)				
Position Held	% of Stock Held	Date of Birth	Social Security Number	
Name (Last, First, Middle)			Daytime Telephone ()	
Complete Mailing Address (Number, Street, City, State and Zip Code)				
Position Held	% of Stock Held	Date of Birth	Social Security Number	
CHECK "YES" OR "NO" AND ANSWER THE FOLLOWING QUESTIONS:				
Are the cemetery stockholders, officers, directors, or individual owners in any way connected with, or do they have an interest in, the operation of a funeral home? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please explain:				
Do the proposed officers, directors, stockholders or individual owners own any other cemeteries in Michigan or any other state? <input type="checkbox"/> No <input type="checkbox"/> Yes - Give name and location:				
Have any of the individuals listed on this application ever been convicted of a felony or misdemeanor for which you or they could have gone to jail? <input type="checkbox"/> No <input type="checkbox"/> Yes - Whom _____. Do not give details at this time. The Department will contact you at a later date.				
Has a permit to establish a cemetery been obtained from the local zoning board and health department? <input type="checkbox"/> No <input type="checkbox"/> Yes - Attach a copy of the permit.				
Will the cemetery sell cemetery merchandise or services before the time of death (pre-need)? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Who will be the trustee of the following funds? (Submit copies of each trust agreement.)				
Irrevocable Endowed Care Trust Fund:				
Merchandise Trust Fund:				
Prepaid Escrow Agreement:				
Construction or Development Trust Fund:				
Total number of acres bought in the initial purchase:		Source of Financing:		Is there a lien on this property? <input type="checkbox"/> No <input type="checkbox"/> Yes
How much additional land is available?	Acreage to be developed and ready for burials:	→	On what date?	Acreage to be removed from tax rolls:
What type of cemetery is proposed? (Check all that apply) <input type="checkbox"/> Memorial Park <input type="checkbox"/> Memorial Garden <input type="checkbox"/> Mausoleum				
Do you expect to build a mausoleum on cemetery grounds? <input type="checkbox"/> No <input type="checkbox"/> Yes - Expected date of completion:		Do you expect to build a crematory on cemetery grounds? <input type="checkbox"/> No <input type="checkbox"/> Yes - Expected date of completion:		
Please supply the name and address of the General Manager and submit a detailed resume' with a history of his/her cemetery experience.				

CERTIFICATION

The undersigned parties hereby certify that all of the representations, estimates, information and data, as presented in this application, are reasonably accurate to the best of our knowledge.

For Individual Applicant:

Individual Name	Date
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For Corporation Applicant:

President _____	Date _____
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Treasurer
Date

Secretary	Date
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Signature of Shareholders whose interest exceeds 10%

Date _____

Date _____

Date _____

Date _____

Date _____

Date _____

Date _____

Date _____